POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	40.10		08-20-01
O.I.P.E. CLASSIFIER		4/3	8/23/01
FORMALITY REVIEW	EH	T. (844	10/18/01
RESPONSE FORMALITY REVIEW			

## **INDEX OF CLAIMS**

•	Rejected	N	Non-elected
=	Allowed	1	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

Ctaim Date	Ctaim Date	Claim Date	_
Polygraft (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	Final	Original	
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	52	102	
3 11 11	53	103	
	54	104	
(5) 10 >	55	105	
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	57	107	
8 / 4	58	108	
(9)	59	109	L
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11 =	61	111	L
12 =	62	112	_
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15 4 - = =	65	115	L
16	66	116	-
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18	68	119	H
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36	86	136	
37	87	137	Ĺ
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39	89	139	L
49	90	140	L
41	91	141	L
42	92	142	Ĺ
43	93	143	L
44	94	144	L
45	95	145	L
46	96	146	┞
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48	98	148	╀
49	99	149	╄
50	hod	150	1

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If more than 150 claims or 10 actions staple additional sheet her

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